

POSITION	INITIALS	ID #C.	DATE
<b>FEE DETERMINATION</b>	3		07/23/01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	S. B	895	08-06-01
<b>RESPONSE FORMALITY REVIEW</b>	BZ	897	01-08-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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5/21/02  
08/06/01  
SAC 44  
01/05